PTO/SB/06 (08-03) Approved for use through 7/3 U/2005, ONIB 0531-0032
U.S. Patent and Tratemark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a yaid OMB control number. Application to Ooches pumper PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 S AS FII ED --OTHER THANG All CLAIMS AS FILED - PART I OR SMALL ENTITY SMALL ENTITY arrivan tt (Column 1) (Column 2) AMBER FIELD RATEGE FEE NUMBER EXTRÀ RATE NUMBER FILED FOR BASIC FEE (37 OFR 1.16(a)) OR TOTAL CLAIMS XIS L ; ; in a. OR minus 20 = G7 CFR 1,16(c)) INDEPENDENT CLAIM OR X S **** er ha maka OR (37 CFR 1.16(d)) MULTIPLE DEPENDENT CLAMA PRESENT TOTAL . OR . " If the difference in column 1 is less than zero, enter "O" in column 2. TOTAL rlams at amendee -CLAIMS AS AMENDED - PART II OTHER THAN OR SMALL ENTITYCOLUM SMALL ENTITY (Catumn 2) (Column 3) (Column 1) CLAB HICHEST CLANS RATE ADOS. st 25 ADDI-RATE PRESENT NUMBER REMAINING d TIONAL AFTER AMENOMENT PREVIOUSLY इध्य । FEE FRES:30: ENDMENT PAID FOR 7 5 (1) C(1) . 100 610 ÒR : x : 2 C -Us Cas Frabel prefebeugese OR FIRST PRESENTATION OF MUSTIPLE DEPONDENT CLAIM (37 CFR 1,18(II)) TOTAL TOTAL an Complant ADOL FEE 750 OR . ADD'L FEE **iCotur** (Coturn 2) (Column 3) NODE: HIGHEST CLAIMS REMAINING RATE . RATE ADD1-NUMBER PREVIOUSLY 0 BONALFTE TIONAL FEE EXTRA AFTER FEBENDE 탖 PAID FOR MANDMEN × 5 00 00 × Total DI OFFI I. HROSE OR ₫ Minus E EN CITE a AMEN x s OR . FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (OF CFR + 18(6)) TOTAL TOTAL ADD'L FEE OR ADD'L FEE 106 8 **'**25' (Column 3) (Column 2) (Column 1) CLAIMS HIGHEST U,RATE ADDELLAR RATE -ADDH--::3 PRESENT O DEMANING NUMBER TIONAL PREVIOUSLY AFTER FEREND: ENDMENT FEE PAID FOR Z Industrial AMENDMENT Manual Paris Total par cera sussena 49 L9 a OR x s Tigener grechter benen bereit bereit. PRIST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (17 CFR 1,16(4)) OR TOTAL * 8 the crity in column 1 is less than the entry in column 2, write "O' in column 3.

** If the "Highest Number Previously Paid For" In THIS SPACE is less than 20, enter "20".

** If the "Highest Number Previously Paid For" In THIS SPACE is less than 20, enter "20".

** The "Highest Number Previously Paid For" In THIS SPACE is less than 3, enter "20".

** The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 3.

** The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 3.

** The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 3.

** The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 3.

** The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 3.

** The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 3.

** The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 3.

** The This collection of information or required to obtain or retain a benefit by the public which is to-like (and tay) the collection of information of the collection is estimated to take 12 minutes to complete application form to the USE TOTAL This collection is estimated to take 12 minutes to complete application form to the USE Total This collection is estimated to take 12 minutes to complete application form to the USE Total This collection is estimated to take 12 minutes to column 3.

** The This collection of information of the Previously Paid Total This collection is estimated to take 12 minutes to collection of the Previously Paid Total This collection of the Previously Paid Total This collection in the State This collection is estimated to take 1 TOTAL ADD'L FEE